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CLERK OF DISTRICT COURT
2017 NOV 17 PM 4:31
FILED
BY _____
DEPUTY

MONTANA ELEVENTH JUDICIAL DISTRICT COURT, FLATHEAD COUNTY

VICTORIA J. LAHTI,

Plaintiff,

v.

**LIBERTY MUTUAL GROUP INC.; d/b/a
SAFECO INSURANCE, and SAFECO
INSURANCE COMPANY OF ILLINOIS,**

Defendant.

Cause No. OV-17-1171 B

ROBERT BALLISON
COMPLAINT, REQUEST FOR
DECLARATORY JUDGMENT,
and DEMAND FOR JURY TRIAL

COMES NOW, Plaintiff, Victoria J. Lahti, and hereby complains and allege as follows, based upon information and belief:

1. Jurisdiction for this cause lies within the State of Montana, in that the collision and injuries, which are the subject of this Complaint, occurred within the State of Montana.
2. This cause arises from a motor vehicle accident involving Plaintiff and two other automobiles, which occurred on or about August 24, 2015.
3. At all material times herein, Defendant Liberty Mutual Group Inc., also doing business in the State of Montana as SAFECO Insurance and SAFECO Insurance Company of Illinois (hereinafter collectively "Liberty Mutual"), is and was qualified to do business in the State of Montana. Liberty Mutual sold insurance policies and collected premiums for those policies, thus doing business in the State of Montana and purposefully availing

1 itself to the laws, jurisdiction, and courts of Montana. All insurance policies at issue were
2 sold within the State of Montana to Montana citizens and residents.

3
4 4. At all material times, Plaintiff was a resident of Flathead County, Montana.

5 5. At all material times, Defendant Liberty Mutual insured Plaintiff, Victoria Lahti under an
6 underinsured motorist (UIM) policy.

7 6. At all material times, the owner and driver of the vehicle that struck Plaintiff, Guy Ray
8 Emmett (hereinafter "Emett"), was a resident of Montana.

9 7. At all material times herein, Emmett was insured.

10 8. Plaintiff's economic damages alone exceed the policy limits of Emmett's underlying
11 policies.

12
13 9. Plaintiff's economic damages alone, of which proof of loss has been submitted to
14 Defendant Liberty Mutual and request for payment made, far exceed the UIM policy
15 limits that Defendant Liberty Mutual has represented that the Plaintiff had purchased.

16 10. Despite these facts, Defendant Liberty Mutual continues to deny coverage and continues
17 to refuse to make payment after ongoing and repeated requests.

18 **FACTS COMMON TO ALL COUNTS**

19
20 11. Plaintiff re-alleges the allegations contained in paragraphs 1 through 10.

21 12. On or about August 24, 2015, Plaintiff was driving westbound on W. Center Street, in
22 Kalispell, Montana, when the car in front of her stopped for a crossing construction crew.
23 Plaintiff came to a stop. As she was stopped, Emmett failed to stop and collided with the
24 rear of Plaintiff's car, causing Plaintiff to subsequently collide with the car in front of her.
25 A copy of the Crash Investigator's Report is attached as **Exhibit 1**.

26
27 13. Plaintiff complained of pain at the scene of the accident. See **Exhibit 1**.

- 1 14. On September 2, 2015, Plaintiff visited Dr. Annie Bukacek at Hosanna Health Care in
2 Kalispell, Montana. As a result of Plaintiff's injuries from her motor vehicle accident, Dr.
3 Bukacek excused Plaintiff from work until September 16, 2015.
- 4 15. Plaintiff was released to work on September 16, 2015, but she continued to experience
5 neck pain from her accident.
- 6 16. On October 21, 2015, Plaintiff experienced a work-related back injury that was
7 precipitated by her accident injuries. Dr. Bukacek excused her from work until October
8 28, 2015, at which time she was released to return.
- 9 17. On November 4, 2015, Plaintiff was excused from work until further notice due to
10 symptoms her treating physician described as "debilitating".
- 11 18. On November 23, 2015, Dr. Bukacek attributed Plaintiff's symptoms, which were
12 characterized as significant neck pain, headaches, foggy thinking, and difficulty
13 concentrating, to her motor vehicle accident and not her work-related back injury.
- 14 19. As of November 24, 2015, Plaintiff had missed a total of fourteen workdays in the month
15 of November 2015 alone.
- 16 20. On December 11, 2015, Dr. Bukacek opined that, due to Plaintiff's debilitating
17 headaches, neck pain, and cognitive decline resulting from her motor vehicle accident,
18 Plaintiff could return to work but only in a different employment position that had fewer
19 physical demands.
20
21
22

23 **COUNT I**

24 **REQUEST FOR DECLARATORY JUDGMENT**

- 25 21. Plaintiff hereby re-alleges the allegations set forth in paragraphs 1 through 20.
- 26 22. Plaintiff, pursuant to Sec. 27-8-201, MCA *et. seq.*, and Rule 57 M.R.Civ.P, brings this
- 27
- 28

1 action for declaratory judgment for the Court to declare that Defendant Liberty Mutual
2 has to pay for Plaintiff's expenses in excess of the at-fault driver's insurance policy
3 limits.
4

5 23. Plaintiff requests this Honorable Court to declare that Defendant Liberty Mutual is
6 obligated to make necessary payment of economic damages to Plaintiff pursuant to the
7 Montana Supreme Court's holdings in *Ridley v. Guaranty National Insurance* (1997),
8 286 Mont. 325, 951 P.2d 987, *Dubray v. Farmers, Watters v. Guaranty National*
9 *Insurance Co., Shilhanek v. D-2 Trucking*, and interpreting and applying MCA 33-18-
10 201.
11

12 24. Plaintiff has made repeated and ongoing requests for Defendant Liberty Mutual to pay all
13 the benefits Plaintiff is entitled to under the UIM provisions of the policy/policies,
14 pursuant to *Ridley, Dubray, Watters* and *Shilhanek*, as well as other coverages and
15 stacked coverages under *Hardy v. State Farm*, 2003 MT 85 (Mont. 2003); *Dempsey v.*
16 *Allstate*, 2004 MT 391 (Mont. 2004); and *Swanson v. Hartford*, 2002 MT 81 (Mont.
17 2002).
18

19 25. Defendant Liberty Mutual has failed to make the requested payments, and continues to
20 refuse to make the requested payments, instead engaging in ongoing demands and
21 asserting claimed policy provisions contrary to Montana law and the decisions of the
22 Montana Supreme Court, public policy, and reasonable consumer expectations.
23

24 26. Plaintiff requires additional treatment and has a loss of earning capacity noted by her
25 treating physicians and providers.
26

27 27. Plaintiff could not perform her past work requirements, has been forced to change her
28 employment position, and needs wage replacement under *Dubray*.

- 1 28. Despite clear liability and damages, Defendant Liberty Mutual has failed to accept
2 liability in this action, failed to affirm coverage in a timely fashion.
3
4 29. Defendant Liberty Mutual has failed to pay the benefits requested or to provide a timely
5 explanation to requests for payment.
6
7 30. Plaintiff is an innocent victim of an automobile collision, and Plaintiff will suffer the kind
8 of hardship and devastation to her income and health as addressed by Montana law, yet
9 Defendant Liberty Mutual continues to refuse to make payment.
10
11 31. Defendant Liberty Mutual has failed to pay under the above case without condition or
12 release. In fact, Defendant Liberty Mutual refused to make payment and continues to do
13 so, after it has clearly been established that Plaintiff has additional wage loss and
14 economic damages beyond the underlying policy limits.
15
16 32. Defendant Liberty Mutual has either sold policies with illusory coverage to its insureds,
17 or has failed to provide coverage for which it sold policies and coverage.
18
19 33. Defendant Liberty Mutual has paid pursuant to *Ridley* and *Dubray* under similar
20 circumstances as presented in this case.
21
22 34. Plaintiff requests that the Court enter judgment against Defendant Liberty Mutual on the
23 above issues, and order them to make payment of damages previously submitted to
24 Defendant Liberty Mutual but not paid to Plaintiff, without condition, delay, or release,
25 with interest.
26
27
28

COUNT II

UNFAIR TRADE PRACTICES ACT

- 25 35. Plaintiff hereby re-alleges the allegations set forth in paragraphs 1 through 34.
26
27 36. Plaintiff offered to settle the claim with Defendant Liberty Mutual for the policy limits,
28

and Defendant Liberty Mutual confirmed receipt of the offer on October 25, 2016.

37. Defendant Liberty Mutual offered to settle the claim for \$7,000.

38. Defendant Liberty Mutual's settlement offer was neither fair nor reasonable in light of Plaintiffs damages, which far exceeded the policy limits.

39. On November 11, 2016, Plaintiff rejected Defendant Liberty Mutual's settlement offer because it was neither fair nor reasonable. Plaintiff again offered to settle the claim for the UIM policy limits.

40. Defendant Liberty Mutual owed a duty to conduct a reasonable investigation based upon all available information before refusing to make requested payment on a claim, in accordance with Mont. Code Ann. § 33-18-201(4).

41. Defendant Liberty Mutual violated that duty by failing to conduct a complete investigation based upon Plaintiffs individual claim and specific circumstances, before denying benefits requested, in violation of Mont. Code Ann. § 33-18-201(4).

42. Defendant Liberty Mutual owed a duty to affirm or deny coverage of claims within a reasonable time after proof of loss statements have been completed, according to Mont. Code Ann. § 33-18-201(5).

43. Defendant Liberty Mutual violated that duty when it failed to affirm or deny coverage within a reasonable time after Plaintiff provided proof of loss, in violation of Mont. Code Ann. § 33-18-201(5). Instead, Liberty Mutual invoked delay tactics by delaying responses to communications from Plaintiff, and failing to act on Plaintiffs claim.

44. Defendant Liberty Mutual owed a duty to attempt in good faith to effectuate prompt, fair, and equitable settlement of Plaintiffs claim where liability has become reasonably clear, according to Mont. Code Ann. § 33-18-201(6).

1 45. Defendant Liberty Mutual violated that duty when it neglected in good faith to effectuate
2 a prompt, fair, and equitable settlement of Plaintiffs' claim after liability became
3 reasonably clear, in violation of Mont Code Ann. § 33-18-201(6). Liberty Mutual instead
4 chose to invoke denial and delay tactics by requesting unnecessary, irrelevant, and
5 superfluous documentation from the Plaintiffs, as well as delaying responses to
6 communications from Plaintiff, failing to act on Plaintiffs claim, refusing to provide
7 requested reasonable explanation of the basis in the insurance policy for the denial of the
8 claim or offer to settle in violation of Mont. Code Ann. § 33-18-201(6). Defendant has
9 further refused to make reasonable payment under UIM coverage, in violation of 33-18-
10 201(6) and *Dubray v. Farmers Insurance Exchange*, 2001 MT 251, 307 Mont. 134, 36
11 P.3d 897 (Mont. 2001); *Shilhanek v. D-2 Trucking, Inc.*, 2003 MT 122, 315 Mont. 519,
12 70 P.3d 721 (Mont. 2003), *Ridley v. Guaranty Nat. Ins. Co.*, 286 Mont. 325, 951 P.2d
13 987 (Mont. 1997); and *Watters v. Guaranty National Insurance Co.*, 2000 MT 150, 300
14 Mont. 91, 3 P.3d 626 (Mont. 2000).

15
16
17 46. Defendant Liberty Mutual had a duty to provide a reasonable explanation of the basis in
18 the insurance policy in relation to the facts or applicable law for the denial of a claim or
19 for the offer of a compromise settlement, in accordance with § 33-18-201(14), MCA.

20
21 47. Defendant Liberty Mutual violated that duty by failing to provide a reasonable
22 explanation, for the denial of Plaintiff's claim or offer to settle, in violation of § 33-18-
23 201(14), MCA.

24 48. Defendant Liberty Mutual has made it a pattern of its practices and behavior in handling
25 and adjusting Plaintiff's claim to violate Sec. 33-18-201, MCA; Sec. 33-18-242, MCA;
26 and its common law duties of good faith and fair dealing and fiduciary duties with its
27
28

insureds, by continuing to deny payments when proof of damages have been well established and properly submitted. This behavior is not consistent with its fiduciary duties to the victims of its insured and Sections 33-18-201 and 242, MCA, and in violation of the reasonable expectations of the victims of its insureds and the Defendant's own advertising representations and promises.

49. Plaintiff has been injured by Defendant Liberty Mutual's improper actions in that she has been further victimized and unable pay her bills, or provide for herself for a period of time.

50. Plaintiff has suffered severe emotional distress and humiliation, as well as an extreme fear of financial hardship, as a result of Defendant Liberty Mutual's unfair claim settlement practices, and she is entitled to payment of these additional actual damages pursuant to Mont. Code Ann. § 33-18-242(1), (4), and *Lorang v. Fortis Insurance Company* (2008), 345 Mont. 12, 192 P.3d 186.

51. Defendant Liberty Mutual's actions constitute fraud and/or malice, and it should be required to pay exemplary damages in accordance with Mont. Code Ann. § 27-1-221.

WHEREFORE, Plaintiffs pray for judgment against Defendant Liberty Mutual as follows:

1. For all general and compensatory damages proved and awarded by the jury or court;
2. For all special damages proved and awarded by the jury or court;
3. For all other damages allowed by law and awarded by the jury;
4. For Plaintiff's costs and disbursements in this action; and
5. That the Court declare Defendant Liberty Mutual's responsibility to pay for all damages, including reasonable attorneys fees, which have resulted from its untimely denial of payment for any and all policy provisions.

6. That the Court declare Defendant Liberty Mutual's responsibility to make payment of wage loss and other economic damages expenses. Payment shall include reasonable attorneys fees, which have resulted in Defendant Liberty Mutual's denial of payment under the policy provisions for UIM coverage, and requests made pursuant to Montana law, including *Ridley, Dubray, Watters, and Shilhanek*.
7. That the Defendants be required to effectuate a fair, equitable and prompt settlement as to the additional damages set forth herein
8. For Plaintiff's reasonable attorney fees and costs as provided under Montana law including Sec. 27-8-313, MCA, *Renville, Buxbaum, Brewer and Mlekush*.
9. For pre-judgment interest at the rate of 10% per annum and post-judgment interest at the rate of 10% per annum.
10. For such other and further relief as the Court deems just and equitable under the circumstances.

JURY DEMAND

1. Plaintiff hereby demands a jury trial on all claims triable by right.

Dated: November 17, 2017

BLIVEN LAW FIRM, P.C.

By: 

Michael A. Bliven
278 Fourth Avenue East North
Kalispell, MT 59901
Attorneys for Plaintiffs

MONTANA VEHICLE CRASH REPORT

Montana Highway Patrol
2550 PROSPECT AVE
HELENA, MT 59620

| | | | | |
|--------------------------------------|--|---|--|-------------------------|
| Crash Number P067-01019-01 | Reporting Agency KALISPELL POLICE DEPARTMENT | Reporting Agency Case Number 2015-21233 | Reporting Agency CAD Number 2015-21233 | ORI MT0150300 |
|--------------------------------------|--|---|--|-------------------------|

CRASH IDENTIFIERS

| | | | | |
|--|---|--|--|---|
| County of Crash FLATHEAD (07) | City KALISPELL (1) | Crash Date/Time 08/24/2015 11:38 AM | Reported Date/Time 08/24/2015 11:38 AM | Dispatched Date/Time 08/24/2015 11:40 AM |
| On Scene Date/Time 08/24/2015 11:44 AM | Cleared Scene Date/Time 08/24/2015 12:16 PM | Complete Date/Time 08/24/2015 12:16 PM | Reason (if Investigation Not Complete) | Source of Information KALISPELL POLICE DEPARTMENT |

ROADWAY INFORMATION

| | | | | |
|---|--|---|---|---|
| Roadway Description for Location of Occurrence W CENTER | <input type="checkbox"/> Notify MDOT | <input type="checkbox"/> Site Survey | Latitude N 48 11 50.80 | Longitude W 114 19 18.79 |
| Intersecting Roadway Description for Location of Occurrence 6TH ALLEY W | Distance / Direction to Crash Location | <input checked="" type="checkbox"/> Roadway Blocked | Roadway Cleared Date/Time 8/24/2015 12:16:00 PM | |
| Part of National Highway System NO | Roadway Functional Class Type | Roadway Functional Class Detail | | |
| Roadway Access Control NO ACCESS CONTROL | Type of Shoulder CURB | Roadway Lighting NO LIGHTING | Roadway Bikeway Facility NONE | Signed Bicycle Route NOT APPLICABLE |
| Traffic Control Type at Intersection NO CONTROL | Mainline Number of Lanes at Intersection | Side Road Number of Lanes at Intersection | | |

CRASH INFORMATION

| | | | | | |
|---|---|---|--|--|--|
| Light Condition DAYLIGHT | Weather Condition CLEAR | Roadway Surface Condition DRY | Roadway Surface Composition CHIP SEALED BLACKTOP | Manner of Crash Collision / Impact FRONT TO REAR | <input checked="" type="checkbox"/> Crash Pictures Taken |
| First Harmful Event Type COLLISION NON-FIXED OBJECT | First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT | Location of First Harmful Event Relative To The Trafficway ON ROADWAY | | | |
| First Harmful Event's Relation to Junction NON-JUNCTION | Is First Harmful Event within Interchange Area NO | Type of Intersection T-INTERSECTION | | | |
| Contributing Circumstances: Environment NONE | Contributing Circumstances: Environment NONE | Contributing Circumstances: Environment NONE | | | |
| Contributing Circumstances: Road NONE | Contributing Circumstances: Road NONE | Contributing Circumstances: Road NONE | | | |
| School Bus Related NO | Work Zone Related NO | Crash Location in Work Zone | | | |

VEHICLE V01

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|--|---|---|--|--|--|---------------------------------|
| V01 | Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT | State MT | License Number 763515A | Registration Expires 9/30/2015 | <input checked="" type="checkbox"/> Permanent Registration | VIN 1GTEK14Z3RZ505053 |
| Year 1994 | Make GMC | Model SIERRA | Style PICKUP | Color SIL | Body Type Category PICKUP | |
| Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION | Emergency Motor Vehicle Use NO | Type of Bus Use NOT A BUS | | | | |
| Owner First Name GUY | Owner Middle Name RAY | Owner Last Name EMETT | Owner Suffix | Owner Business (if not Person) | | |
| Address 1035 6TH ST W | Address Other | City KALISPELL | State MT | Zip Code 59901 | | |
| Owner Phone Number (406) 860-2852 | Owner Phone Number (Other) | Insurance Company GEICO | Insurance Policy Number 4143879288 | Insurance Broker or Agent | | |
| Vehicle Removal TOWED DUE TO DISABLING DAMAGE | Vehicle Towed By BOLSTERS | Wrecker Selection Method ROTATION | | | | |
| Trailer One MT | License Number 750603B | Registration Expires 9/30/2015 | <input checked="" type="checkbox"/> Permanent Registration | VIN 1ED1J25222476068 | Year 2002 | Make FLEETWOOD |
| | | | | | | Model WILDERNESS |
| | | | | | | Color WHI |
| | | | | | | Length 25 |
| | | | | | | Axes 2 |

| | | | | | | |
|--|---|--------------------------------|--|-------------------------|---|-------------------------------|
| Direction of Travel Before Crash WESTBOUND | Speed: Estimated 25 | Posted 25 | Roadway Type UNDIVIDED HIGHWAY | Total Lanes 2 | Roadway Horizontal Alignment STRAIGHT | Roadway Grade LEVEL |
| Trafficway Description TWO-WAY NOT DIVIDED | Traffic Control Device Type NO CONTROLS | Working Properly YES | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| Roadway Description for Vehicle Travel WB 600 BLOCK W CENTER ST | | | | | | |
|---|--|--|--|--|--|--|

| | | | |
|---|--|---|-----------------|
| Vehicle Maneuver Action (by this vehicle) SLOWING | Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE | Damage Extent (for this vehicle) DISABLING DAMAGE | Damage Estimate |
|---|--|---|-----------------|

| | |
|---|---|
| 1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT | 1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT |
|---|---|

| | |
|--|--|
| 2nd Sequence of Events Type (this vehicle) UNKNOWN | 2nd Sequence of Events Detail (this vehicle) |
|--|--|

| | |
|--|--|
| 3rd Sequence of Events Type (this vehicle) UNKNOWN | 3rd Sequence of Events Detail (this vehicle) |
|--|--|

| | |
|--|--|
| 4th Sequence of Events Type (this vehicle) UNKNOWN | 4th Sequence of Events Detail (this vehicle) |
|--|--|

| | |
|---|---|
| Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT | Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT |
|---|---|

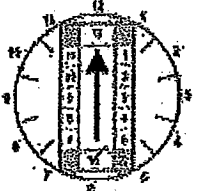
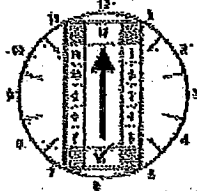
| | |
|--|--|
| Contributing Circumstances 1 (this vehicle) NONE | Contributing Circumstances 2 (this vehicle) NONE |
|--|--|

| | |
|--|---|
| Area of Initial Impact <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown | Most Damaged Area <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown |
|--|---|

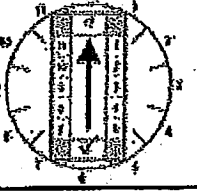
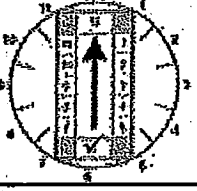
| | | |
|--------------------------------|--|-----------------------------------|
| Occupant Type DRIVER | Person Name (First Middle Last Suffix) GUY RAY EMETT | Injury Status NO INJURY |
|--------------------------------|--|-----------------------------------|

VEHICLE V02

| | | | | | | |
|---------------------|---|--------------------------|----------------------------------|--|--|---------------------------------|
| V02 | Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT | State MT | License Number 720509B | Registration Expires 9/30/2015 | <input type="checkbox"/> Permanent Registration | VIN 5NMSG73D38H183160 |
| Year 2008 | Make HYUN | Model SANTA FE | Style SPORT UTILITY | Color GRN | Body Type Category (SPORT) UTILITY VEHICLE | |

| | | | | | | | | | |
|--|--|---|--|--|--|---|--|--|--|
| POB7-01019-01 | | KALISPELL POLICE DEPARTMENT | | 2018-21233 | | 2018-21233 | | W10100000 | |
| Owner First Name VICTORIA | | Owner Middle Name JEAN | | Owner Last Name LAHTI | | Owner Suffix | | Owner Business (if not Person) | |
| Address 1045 CONRAD DR #113 | | Address Other | | City KALISPELL | | State MT | | Zip Code 59901 | |
| Owner Phone Number (971) 338-8684 | | Owner Phone Number (other) | | Insurance Company SAFCO | | Insurance Policy Number M1701270 | | Insurance Broker or Agent | |
| Vehicle Removal DRIVEN - NOT DISABLED | | Vehicle Towed By | | Wrecker Selection Method | | | | | |
| Direction of Travel Before Crash WESTBOUND | | Speed: Estimated 25 | | Roadway Type UNDIVIDED HIGHWAY | | Total Lanes 2 | | Roadway Horizontal Alignment STRAIGHT | |
| Trafficway Description TWO-WAY NOT DIVIDED | | Roadway Grade LEVEL | | Traffic Control Device Type NO CONTROLS | | Working Properly YES | | | |
| Roadway Description for Vehicle Travel WB 500 BLOCK W CENTER ST | | Vehicle Maneuver Action (by this vehicle) STOPPED IN TRAFFIC | | Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE | | Damage Extent (for this vehicle) FUNCTIONAL DAMAGE | | Damage Estimate | |
| 1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT | | 1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT | | 2nd Sequence of Events Type (this vehicle) UNKNOWN | | 2nd Sequence of Events Detail (this vehicle) | | 3rd Sequence of Events Type (this vehicle) UNKNOWN | |
| 3rd Sequence of Events Detail (this vehicle) | | 4th Sequence of Events Type (this vehicle) UNKNOWN | | 4th Sequence of Events Detail (this vehicle) | | Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT | | Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT | |
| Contributing Circumstances 1 (this vehicle) NONE | | Contributing Circumstances 2 (this vehicle) NONE | | Area of Initial Impact | | Most Damaged Area | | | |
| <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown | |  | | <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown | |  | | | |
| Occupant Type DRIVER | | Person Name (First Middle Last Suffix) VICTORIA JEAN LAHTI | | Injury Status POSSIBLE INJURY | | | | | |

VEHICLE V03

| | | | | | | | | | | | |
|--|--|---|--|--|--|---|--|--|--|--|--|
| V03 Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT | | State MT | | License Number 735397B | | Registration Expires 5/31/2018 | | Permanent Registration <input type="checkbox"/> | | VIN 1FTFW1EF6DKD27377 | |
| Year 2016 | | Make FORD | | Model F150 PICKUP | | Style PICKUP | | Color SIL | | Body Type Category PICKUP | |
| Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION | | Emergency Motor Vehicle Use NO | | Type of Bus Use NOT A BUS | | | | | | | |
| Owner First Name CLYDE | | Owner Middle Name JUSTIN | | Owner Last Name HUBBS | | Owner Suffix | | Owner Business (if not Person) | | | |
| Address 13053RD ST W | | Address Other | | City KALISPELL | | State MT | | Zip Code 59901 | | | |
| Owner Phone Number (408) 314-4985 | | Owner Phone Number (other) | | Insurance Company STATE FARM | | Insurance Policy Number 0526862E0126A | | Insurance Broker or Agent | | | |
| Vehicle Removal DRIVEN - NOT DISABLED | | Vehicle Towed By | | Wrecker Selection Method | | | | | | | |
| Direction of Travel Before Crash WESTBOUND | | Speed: Estimated 25 | | Roadway Type UNDIVIDED HIGHWAY | | Total Lanes 2 | | Roadway Horizontal Alignment STRAIGHT | | Roadway Grade LEVEL | |
| Trafficway Description TWO-WAY NOT DIVIDED | | Roadway Grade LEVEL | | Traffic Control Device Type NO CONTROLS | | Working Properly YES | | | | | |
| Roadway Description for Vehicle Travel WB 500 BLOCK W CENTER ST | | Vehicle Maneuver Action (by this vehicle) STOPPED IN TRAFFIC | | Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE | | Damage Extent (for this vehicle) MINOR DAMAGE | | Damage Estimate | | | |
| 1st Sequence of Events Type (this vehicle) COLLISION NON-FIXED OBJECT | | 1st Sequence of Events Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT | | 2nd Sequence of Events Type (this vehicle) UNKNOWN | | 2nd Sequence of Events Detail (this vehicle) | | 3rd Sequence of Events Type (this vehicle) UNKNOWN | | 3rd Sequence of Events Detail (this vehicle) | |
| 3rd Sequence of Events Detail (this vehicle) | | 4th Sequence of Events Type (this vehicle) UNKNOWN | | 4th Sequence of Events Detail (this vehicle) | | Most Harmful Event Type (this vehicle) COLLISION NON-FIXED OBJECT | | Most Harmful Event Detail (this vehicle) MOTOR VEHICLE IN TRANSPORT | | | |
| Contributing Circumstances 1 (this vehicle) NONE | | Contributing Circumstances 2 (this vehicle) NONE | | Area of Initial Impact | | Most Damaged Area | | | | | |
| <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown | |  | | <input type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown | |  | | | | | |
| Occupant Type DRIVER | | Person Name (First Middle Last Suffix) CLYDE JUSTIN HUBBS | | Injury Status NO INJURY | | | | | | | |

DRIVER V01

| | | | | | | | |
|-----------------------------|--|--------------------|--|--------------------|--|--------------------|--|
| Person Type DRIVER | | NM# | | Vehicle# V01 | | Person Type Detail | |
| First Name GUY | | Middle Name RAY | | Last Name EMETT | | Suffix | |
| Date of Birth 09/29/1962 | | Age 53 | | Sex M | | | |

| | | | | | | | | | |
|--|--|---|----------------------|---|---|---|--|--------------------|--|
| PO67-01019-01 | | KALISPELL POLICE DEPARTMENT | | 2015-21233 | | 2015-21233 | | W1010300 | |
| Address 1035 5TH ST W | | | Address Other | | | City KALISPELL | | State MT | |
| Phone Number (406) 360-2652 | | | Phone Number (other) | | Condition at Time of Crash APPARENTLY NORMAL | | | | |
| Driver License Number 0306719624129 | | Class A | | Expires 03/29/2017 | | State MT | | Jurisdiction 02 | |
| Commercial Motor Vehicle Endorsements T-DOUBLE/TRIPLE TRAILER | | Status VALID LICENSE | | Type COMMERCIAL DRIVER LICENSE (CDL) | | | | | |
| Drivers License Restrictions 1 NONE | | Drivers License Restrictions 2 NONE | | Drivers License Restrictions 3 NONE | | | | | |
| Driver Distracted By UNKNOWN | | Driver Vision Obstructions VISION NOT OBSCURED | | | | | | | |
| Driver Actions at Time of Crash 1 (based on judgement of investigation officer) DROVE IN DISTRACTED, INATTENTIVE OR CARELESS MANNER | | Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | | | | | | |
| Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | | | | | | |
| Motor Vehicle Seating Position: Row FRONT | | Motor Vehicle Seating Position: Seat LEFT | | Motor Vehicle Seating Position: Other NOT APPLICABLE | | <input type="checkbox"/> Seating Position Unknown | | | |
| Restraint Systems UNKNOWN | | Helmet Use | | | | | | | |
| Air Bag Deployed DEPLOYMENT UNKNOWN | | Ejection NOT EJECTED | | | | | | | |
| Trapped Extrication NOT TRAPPED | | | | | | | | | |
| Injury Severity Level Type NO INJURY | | Injury Severity Level Detail | | Primary or Most Obvious of Body Area Injured During Crash | | | | | |
| Source of Transport to Medical Facility NOT TRANSPORTED | | EMS Agency Name or ID | | EMS Run Number | | Medical Facility Transported To | | | |
| Law Enforcement Suspected Alcohol Use NO | | Alcohol Test Type | | Alcohol Tested TEST NOT GIVEN | | Alcohol Test Results | | | |
| Law Enforcement Suspected Drug Use NO | | Drug Test Type | | Drug Tested TEST NOT GIVEN | | Drug Test Results | | | |
| Violation Type Issued MCA | | Number 067A174041 | | Violation Description 61-8-302(1) (1) CARELESS DRIVING | | | | | |

DRIVER V02

| | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|
| Person Type DRIVER | | NM# | | Vehicle# V02 | | Person Type Detail | | | |
| First Name VICTORIA | | Middle Name JEAN | | Last Name LAHTI | | Suffix | | Date of Birth 02/01/1956 | |
| Age 68 | | Sex F | | Address 1045 CONRAD DR #113 | | Address Other | | City KALISPELL | |
| State MT | | Zip Code 59901 | | Phone Number (971) 338-8654 | | Phone Number (other) | | Condition at Time of Crash APPARENTLY NORMAL | |
| Driver License Number 0206719664101 | | Class | | Expires 02/01/2021 | | State MT | | Jurisdiction 02 | |
| Commercial Motor Vehicle Endorsements T-DOUBLE/TRIPLE TRAILER | | Status VALID LICENSE | | Type NON-CDL DRIVER'S LICENSE | | | | | |
| Drivers License Restrictions 1 NONE | | Drivers License Restrictions 2 NONE | | Drivers License Restrictions 3 NONE | | | | | |
| Driver Distracted By NOT DISTRACTED | | Driver Vision Obstructions VISION NOT OBSCURED | | | | | | | |
| Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | | | | | | |
| Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | | | | | | |
| Motor Vehicle Seating Position: Row FRONT | | Motor Vehicle Seating Position: Seat LEFT | | Motor Vehicle Seating Position: Other NOT APPLICABLE | | <input type="checkbox"/> Seating Position Unknown | | | |
| Restraint Systems UNKNOWN | | Helmet Use | | | | | | | |
| Air Bag Deployed DEPLOYMENT UNKNOWN | | Ejection NOT EJECTED | | | | | | | |
| Trapped Extrication NOT TRAPPED | | | | | | | | | |
| Injury Severity Level Type POSSIBLE INJURY | | Injury Severity Level Detail | | Primary or Most Obvious of Body Area Injured During Crash HEAD | | | | | |
| Source of Transport to Medical Facility NOT TRANSPORTED | | EMS Agency Name or ID KFD | | EMS Run Number | | Medical Facility Transported To | | | |
| Injury Description (Type of Injury Inflicted to Primary or Most Obvious Body Area Injured during Crash. Can come from EMS / Hospital records). HEAD / CHIN AREA PAIN | | | | | | | | | |
| Law Enforcement Suspected Alcohol Use NO | | Alcohol Test Type | | Alcohol Tested TEST NOT GIVEN | | Alcohol Test Results | | | |
| Law Enforcement Suspected Drug Use NO | | Drug Test Type | | Drug Tested TEST NOT GIVEN | | Drug Test Results | | | |

DRIVER V03


| | | | | | | | | | |
|---|--|---|--|---|--|----------------------|--|---|--|
| Person Type DRIVER | | NM# | | Vehicle# V03 | | Person Type Detail | | | |
| First Name CLYDE | | Middle Name JUSTIN | | Last Name HUBBS | | Suffix | | Date of Birth 01/15/1984 | |
| Age 31 | | Sex M | | Address 13053RD ST W | | Address Other | | City KALISPELL | |
| State MT | | Zip Code 59901 | | Phone Number (406) 314-4985 | | Phone Number (other) | | Condition at Time of Crash APPARENTLY NORMAL | |
| Driver License Number 01 00019844116 | | Class | | Expires 01/16/2020 | | State MT | | Jurisdiction 02 | |
| Commercial Motor Vehicle Endorsements T-DOUBLE/TRIPLE TRAILER | | Status VALID LICENSE | | Type COMMERCIAL DRIVER LICENSE (CDL) | | | | | |
| Drivers License Restrictions 1 NONE | | Drivers License Restrictions 2 NONE | | Drivers License Restrictions 3 NONE | | | | | |
| Driver Distracted By NOT DISTRACTED | | Driver Vision Obstructions VISION NOT OBSCURED | | | | | | | |
| Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | Driver Actions at Time of Crash 2 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | | | | | | |
| Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION | | | | | | | |

| | | | | | | |
|--|--|--|--|---|---|---|
| P067-01019-01 | | KALISPELL POLICE DEPARTMENT | | 2018-21203 | 2018-21203 | PW10100000 |
| Motor Vehicle Seating Position: Row FRONT | | Motor Vehicle Seating Position: Seat LEFT | | Motor Vehicle Seating Position: Other NOT APPLICABLE | | <input type="checkbox"/> Seating Position Unknown |
| Restraint Systems UNKNOWN | | | | Helmet Use | | |
| Air Bag Deployed DEPLOYMENT UNKNOWN | | | | Ejection NOT EJECTED | | |
| Trapped/Extraction NOT TRAPPED | | | | | | |
| Injury Severity Level Type NO INJURY | | Injury Severity Level Detail | | | Primary or Most Obvious of Body Area Injured During Crash | |
| Source of Transport to Medical Facility NOT TRANSPORTED | | EMS Agency Name or ID | | EMS Run Number | Medical Facility Transported To | |
| Law Enforcement Suspected Alcohol Use NO | | Alcohol Test Type | | Alcohol Tested TEST NOT GIVEN | | Alcohol Test Results |
| Law Enforcement Suspected Drug Use NO | | Drug Test Type | | Drug Tested TEST NOT GIVEN | | Drug Test Results |

NARRATIVE: P067-01019

Vehicles 1, 2, and 3 westbound 500 block W Center St. Vehicle 3 stopped in traffic lane for CHS employee signaling for traffic to stop so forklift could maneuver briefly onto the roadway. Vehicle 2 was westbound 500 block W Center street behind vehicle 3 and stopped behind vehicle 3. Vehicle 1 was westbound 500 block of W Center St behind vehicle 2. Driver of vehicle 1 stated he looked away briefly and when he looked to the front again, he observed other vehicles stopped in front of him and attempted to stop. Front of vehicle 1 struck the rear of vehicle 2 pushing front of vehicle 2 into the rear of vehicle 3.

REPORTING OFFICER / SUPERVISOR APPROVAL

| Reporting Officer | | | Approving Supervisor | | | Case Identifier |
|---|-------------|--------------------|---------------------------------|-----------------|----------------------|-----------------|
| ID Number 1209 | Rank SGT | Name CORBETT, B | ID Number 6046 | Rank RECORDS | Name BETSCHART, J | P067-01019-01 |
| Signature  K9 | | | Signature Records Print User | | | |

P087-01019-01

KALISPELL POLICE DEPARTMENT

2018-21233

2018-21233

MTU150300

DIAGRAM OF ACCIDENT

